



ANNUAL STATEMENT
For the Year Ending December 31, 2010
OF THE CONDITION AND AFFAIRS OF THE
McLAREN HEALTH PLAN, INC

NAIC Group Code	4700 (Current Period)	0000 (Prior Period)	NAIC Company Code	95848	Employer's ID Number	383383640
Organized under the Laws of	Michigan		State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]		Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]		Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]	
Incorporated/Organized	09/12/1997		Commenced Business	08/01/1998		
Statutory Home Office	G-3245 Beecher Rd. (Street and Number)		FLINT, MI 48532 (City or Town, State and Zip Code)			
Main Administrative Office			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Mail Address	G-3245 Beecher Rd. (Street and Number or P.O. Box)		FLINT, MI 48532 (City or Town, State and Zip Code)			
Primary Location of Books and Records			G-3245 Beecher Rd. (Street and Number)			
	FLINT, MI 48532 (City or Town, State and Zip Code)		(810)733-9723 (Area Code) (Telephone Number)			
Internet Website Address	www.mclarenhealthplan.org					
Statutory Statement Contact	CHERYL WESTOBY (Name)		(810)733-9723 (Area Code)(Telephone Number)(Extension)			
	cherylwe@mclaren.org (E-Mail Address)		(810)733-9652 (Fax Number)			

OFFICERS

Name	Title
KATHY KENDALL	President
KEVIN TOMPKINS	Chairman #
DON KOOY	Secretary
DAVE MAZURKIEWICZ	Treasurer

OTHERS

CAROL SOLOMON, Chief Financial Officer

DIRECTORS OR TRUSTEES

KATHY KENDALL RONALD SHAHEEN D.O. DENNIS LAFOREST DAVE MAZURKIEWICZ	DON KOOY KEVIN TOMPKINS PATRICK HAYES LAKISHA ATKINS #
--	---

State of Michigan
County of Genesee ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
KATHY KENDALL	DAVE MAZURKIEWICZ	CAROL SOLOMON
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	Treasurer	Chief Financial Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this	a. Is this an original filing?	Yes[X] No[]
day of , 2011	b. If no,	
	1. State the amendment number	
	2. Date filed	02/24/2011
	3. Number of pages attached	

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
Group Subscribers:						
State of Michigan	224,732					
Clark Foundation	10,936					
First Church of Nazarene Lansing	5,018	5,459				
Gentilozzi Real Estate Inc.	9,410	9,410				
Evergreen Health Services, Inc.	11,654					
MACO Tool	17,399					
Americhem Sales Corporation	18,853	42	759			
Kitsmiller RV	7,973	6,287	33			
National Council on Alcoholism/Lansing	8,946	8,946				
Saylor-Beall Manufacturing Company	13,835					
0299997 Subtotal - Group Subscribers:	328,757	30,144	792			
0299998 Premium due and unpaid not individually listed	93,519	30,300	26,641	20,444	20,444	510,153
0299999 Total group	422,276	60,444	27,433	20,444	20,444	510,153
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	422,276	60,444	27,433	20,444	20,444	510,153

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables						
0299998 Claim Overpayment Receivables - Not Individually Listed						
0299999 Subtotal - Claim Overpayment Receivables						
0399998 Loans and Advances to Providers - Not Individually Listed						
0399999 Subtotal - Loans and Advances to Providers						
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
Maternity Case Rate Receivable	1,029,260	81,925	63,183	1,772,266		2,946,633
Premium due from State of Michigan	404,751					404,751
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	1,434,010	81,925	63,183	1,772,266		3,351,384
0799999 Gross health care receivables	1,434,010	81,925	63,183	1,772,266		3,351,384

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)
Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Individually Listed Claims Unpaid						
RELIANT RENAL CARE	11,066					11,066
MCLAREN REGIONAL MEDICAL CENTER	11,190					11,190
WILLIAM BEAUMONT HOS	11,545					11,545
INGHAM REGIONAL MEDICAL CENTER	11,804					11,804
REGENTS OF U OF M/UM	13,184					13,184
WILLIAM BEAUMONT HOS	14,854					14,854
MIDMICH MED CENTR MI	15,355					15,355
STANFORD MEDICAL CENTER	15,483					15,483
MCLAREN REGIONAL MED	15,810					15,810
MCLAREN REGIONAL MED	16,995					16,995
RENAL TREATMENT	17,099					17,099
MIDMICH MED CENTER	17,592					17,592
WILLIAM BEAUMONT HOS	22,971					22,971
SPARROW HOSPITAL	25,769					25,769
MCLAREN REGIONAL MED	31,288					31,288
INGHAM REGIONAL MEDICAL	32,362					32,362
INGHAM REGIONAL MEDCIAL	37,533					37,533
STANFORD MEDICAL CENTER	132,709					132,709
ST. JOSEPH MERCY OAKLAND	48,688					48,688
SPARROW HOSPITAL	79,013					79,013
INGHAM REGIONAL MEDICAL	81,769					81,769
MUNSON MEDICAL CENTER	58,825					58,825
SPARROW HOSPITAL	69,691					69,691
REGENTS OF U OF M/UM	283,656					283,656
REGENTS OF U OF M/UM	138,592					138,592
SPARROW	80,118					80,118
HURLEY	105,048					105,048
0199999 Total - Individually Listed Claims Unpaid	1,400,008					1,400,008
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	16,879,109	3,646	286	707	2,996	16,886,744
0499999 Subtotals	18,279,117	3,646	286	707	2,996	18,286,752
0599999 Unreported claims and other claim reserves						16,936,807
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						35,223,560
0899999 Accrued Medical Incentive Pool and Bonus Amounts						3,194,228

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
MCLAREN HEALTHCARE CORPORATION	68,075					68,075	
HEALTH ADVANTAGE INC.	615,132					615,132	
MCLAREN HEALTH PLAN INSURANCE COMPANY	6,712	6,667	6,667	326	326	20,246	
MCLAREN MEDICAL GROUP				573	573		
0199999 Total - Individually listed receivables	689,919	6,667	6,667	899	899	703,453	
0299999 Receivables not inidividually listed							
0399999 Total gross amounts receivable	689,919	6,667	6,667	899	899	703,453	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
MCLAREN HEALTHCARE CORPORATION	PROFESSIONAL SERVICES	289,833	289,833	
MCLAREN REGIONAL MEDICAL CENTER	PROFESSIONAL SERVICES	586,339	586,339	
HEALTH ADVANTAGE INC.	PROFESSIONAL SERVICES	271,463	271,463	
0199999 Total - Individually listed payables	X X X	1,147,635	1,147,635	
0299999 Payables not individually listed	X X X			
0399999 Total gross payables	X X X	1,147,635	1,147,635	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method		1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:							
1.	Medical groups	64,758,339	25.716	91,918	100.000	64,758,339	
2.	Intermediaries						
3.	All other providers						
4.	TOTAL Capitation Payments	64,758,339	25.716	91,918	100.000	64,758,339	
Other Payments:							
5.	Fee-for-service	5,003,096	1.987	X X X	X X X		5,003,096
6.	Contractual fee payments	182,058,167	72.297	X X X	X X X	167,625,450	14,432,717
7.	Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8.	Bonus/withhold arrangements - contractual fee payments			X X X	X X X		
9.	Non-contingent salaries			X X X	X X X		
10.	Aggregate cost arrangements			X X X	X X X		
11.	All other payments			X X X	X X X		
12.	TOTAL Other Payments	187,061,263	74.284	X X X	X X X	167,625,450	19,435,813
13.	TOTAL (Line 4 plus Line 12)	251,819,602	100.000	X X X	X X X	232,383,789	19,435,813

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
		N O N E			
9999999			X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	1,001,515	.....	638,520	362,995	362,995	.....
2.	Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4.	Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5.	Other property and equipment .....	.....	.....	.....	.....	.....	.....
6.	TOTAL	1,001,515	.....	638,520	362,995	362,995	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code 4700 NAIC Company Code 95848

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	86,878	27	10,533						76,318	
2. First Quarter	88,106	24	10,905						77,177	
3. Second Quarter	89,709	22	11,235						78,452	
4. Third Quarter	89,958	26	11,398						78,534	
5. Current Year	91,918	26	13,003						78,889	
6. Current Year Member Months	1,073,558	284	136,552						936,722	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	692,644	166	79,628						612,850	
8. Non-Physician	142,073	28	13,622						128,423	
9. TOTAL	834,717	194	93,250						741,273	
10. Hospital Patient Days Incurred	51,988	386	2,980						48,622	
11. Number of Inpatient Admissions	12,593	13	751						11,829	
12. Health Premiums Written (b)	303,852,348	122,432	43,882,152						259,847,764	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	303,852,348	122,432	43,882,152						259,847,764	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	251,819,602	160,263	39,001,030						212,658,309	
18. Amount Incurred for Provision of Health Care Services	254,403,001	150,223	39,591,821						214,660,957	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR
NAIC Group Code 4700 NAIC Company Code 95848

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	86,878	27	10,533						76,318	
2. First Quarter	88,106	24	10,905						77,177	
3. Second Quarter	89,709	22	11,235						78,452	
4. Third Quarter	89,958	26	11,398						78,534	
5. Current Year	91,918	26	13,003						78,889	
6. Current Year Member Months	1,073,558	284	136,552						936,722	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	692,644	166	79,628						612,850	
8. Non-Physician	142,073	28	13,622						128,423	
9. TOTAL	834,717	194	93,250						741,273	
10. Hospital Patient Days Incurred	51,988	386	2,980						48,622	
11. Number of Inpatient Admissions	12,593	13	751						11,829	
12. Health Premiums Written (b)	303,852,348	122,432	43,882,152						259,847,764	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	303,852,348	122,432	43,882,152						259,847,764	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	251,819,602	160,263	39,001,030						212,658,309	
18. Amount Incurred for Provision of Health Care Services	254,403,001	150,223	39,591,821						214,660,957	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

29 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE											
0399999 Totals

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Paid Losses	7 Unpaid Losses
Accident and Health, Non-Affiliates						
22667	95-2371728 ...	01/01/2010	ACE AMER INS CO	PHILADELPHIA, PA	448,207 .....	.....
0599999 Total - Accident and Health, Non-Affiliates					448,207 .....	.....
0699999 Totals - Accident and Health					448,207 .....	.....
0799999 Totals - Life, Annuity and Accident and Health					448,207 .....	.....

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Authorized General Account - Non-Affiliates												
22667	95-2371728	01/01/2010	ACE AMER INS CO	PHILADELPHIA, PA	SSL/L/I	1,218,540						
0299999 Subtotal - Authorized General Account - Non-Affiliates						1,218,540						
0399999 Total - Authorized General Account						1,218,540						
0799999 Total - Authorized and Unauthorized General Account						1,218,540						
1599999 Totals						1,218,540						

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Totals (Cols. 5 + 6 + 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
				NONE									
1199999 Totals (General Account and Separate Accounts combined) .....				.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums	847	666	319	153	2
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	372	313	283	551	683
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	448	249	175	80	
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	119,206,746		119,206,746
2. Accident and health premiums due and unpaid (Line 15)	510,153		510,153
3. Amounts recoverable from reinsurers (Line 16.1)	448,207		448,207
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	4,150,198		4,150,198
6. TOTAL Assets (Line 28)	124,315,304		124,315,304
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	35,223,559		35,223,559
8. Accrued medical incentive pool and bonus payments (Line 2)	3,194,228		3,194,228
9. Premiums received in advance (Line 8)	3,239,830		3,239,830
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			
11. Reinsurance in unauthorized companies (Line 20)			
12. All other liabilities (Balance)	4,562,243		4,562,243
13. TOTAL Liabilities (Line 24)	46,219,861		46,219,861
14. TOTAL Capital and Surplus (Line 33)	78,095,443	X X X	78,095,443
15. TOTAL Liabilities, Capital and Surplus (Line 34)	124,315,304		124,315,304
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. TOTAL Ceded Reinsurance Recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. TOTAL Ceded Reinsurance Payables/Offsets			
27. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
						6 Totals
1.	Alabama (AL)					
2.	Alaska (AK)					
3.	Arizona (AZ)					
4.	Arkansas (AR)					
5.	California (CA)					
6.	Colorado (CO)					
7.	Connecticut (CT)					
8.	Delaware (DE)					
9.	District of Columbia (DC)					
10.	Florida (FL)					
11.	Georgia (GA)					
12.	Hawaii (HI)					
13.	Idaho (ID)					
14.	Illinois (IL)					
15.	Indiana (IN)					
16.	Iowa (IA)					
17.	Kansas (KS)					
18.	Kentucky (KY)					
19.	Louisiana (LA)					
20.	Maine (ME)					
21.	Maryland (MD)					
22.	Massachusetts (MA)					
23.	Michigan (MI)					
24.	Minnesota (MN)					
25.	Mississippi (MS)					
26.	Missouri (MO)					
27.	Montana (MT)					
28.	Nebraska (NE)					
29.	Nevada (NV)					
30.	New Hampshire (NH)					
31.	New Jersey (NJ)					
32.	New Mexico (NM)					
33.	New York (NY)					
34.	North Carolina (NC)					
35.	North Dakota (ND)					
36.	Ohio (OH)					
37.	Oklahoma (OK)					
38.	Oregon (OR)					
39.	Pennsylvania (PA)					
40.	Rhode Island (RI)					
41.	South Carolina (SC)					
42.	South Dakota (SD)					
43.	Tennessee (TN)					
44.	Texas (TX)					
45.	Utah (UT)					
46.	Vermont (VT)					
47.	Virginia (VA)					
48.	Washington (WA)					
49.	West Virginia (WV)					
50.	Wisconsin (WI)					
51.	Wyoming (WY)					
52.	American Samoa (AS)					
53.	Guam (GU)					
54.	Puerto Rico (PR)					
55.	U.S. Virgin Islands (VI)					
56.	Northern Mariana Islands (MP)					
57.	Canada (CN)					
58.	Aggregate other alien (OT)					
59.	TOTALS					

NONE

SCHEDULE Y (Continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.....	38-2397643 ..	McLaren Health Care	11,000,000	.....	.....	.....	1,305,432	.....	.....	.....	12,305,432	.....
.....	75-2847104 ..	Provider HealthNet Services .....	.....	.....	.....	.....	166,926	.....	.....	.....	166,926	.....
95848 ..	38-3383640 ..	MCLAREN HEALTH PLAN	(11,000,000)	(8,700,000)	.....	.....	2,867,511	.....	.....	.....	(16,832,489)	.....
.....	38-2383119 ..	McLaren Regional Medical Center .....	.....	.....	.....	.....	6,928	.....	.....	.....	6,928	.....
.....	91-2141720 ..	Health Advantage .....	.....	.....	.....	.....	(4,367,168)	.....	.....	.....	(4,367,168)	.....
13789 ..	27-1780283 ..	MCLAREN HEALTH PLAN INS CO .....	.....	8,700,000	.....	.....	20,372	.....	.....	.....	8,720,372	.....
9999999 Totals .....			.....	.....	.....	.....	0	.....	X X X	.....	0	.....

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
 - 2. Will an actuarial opinion be filed by March 1? Yes
 - 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
 - 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes

- APRIL FILING
- 5. Will Management's Discussion and Analysis be filed by April 1? Yes
 - 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
 - 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes

- JUNE FILING
- 8. Will an audited financial report be filed by June 1? Yes
 - 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes

- AUGUST FILING
- 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
- 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
 - 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
 - 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? No
 - 14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
 - 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
 - 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No

- APRIL FILING
- 18. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
 - 19. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
 - 20. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? No
 - 21. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
 - 22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be file with the state of domicile and the NAIC by April 1? Yes

- AUGUST FILING
- 23. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit

9584820103600000 2010 Document Code: 360

Health Life Supplement

9584820102050000 2010 Document Code: 205

Health Property / Casualty Supplement

9584820102070000 2010 Document Code: 207

Schedule SIS

9584820104200000 2010 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies

9584820103710000 2010 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5

9584820103700000 2010 Document Code: 370

Medicare Part D Coverage Supplement

9584820103650000 2010 Document Code: 365

LTC Supplemental Interrogatories

9584820103060000 2010 Document Code: 306

Health Life Supplement - LHA Guaranty Association Reconciliation

9584820102110000 2010 Document Code: 211

Health Property/Casualty Supplement - Insurance Expense Exhibit

9584820102130000 2010 Document Code: 213

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1104. SELF INS TRUST FUND	165,705	165,705		61,988
1105. OTHER INVESTMENT DEFERRED COMPENSATION	64,405		64,405	23,976
1106. INTANGIBLE ASSET - PHP	54,685		54,685	
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	284,796	165,705	119,091	85,964

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1	2			
	Cost Containment Expenses	Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Community Support			27,000		27,000
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)			27,000		27,000

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1104. PREPAID EXPENSE	165,705	234,340	68,635
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)	165,705	234,340	68,635

INDEX TO HEALTH
ANNUAL STATEMENT

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 - Part 1 - Summary of Transactions With Providers	23
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	23
Exhibit 8 - Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	41
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI11
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI12
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI12
Schedule DB - Part C - Section 1	SI13
Schedule DB - Part C - Section 2	SI14
Schedule DB - Part D	E22
Schedule DB - Verification	SI15
Schedule DL - Part 1	E23
Schedule DL - Part 2	E24
Schedule E - Part 1 - Cash	E25

INDEX

INDEX TO HEALTH
ANNUAL STATEMENT

Schedule E - Part 2 - Cash Equivalents	E26
Schedule E - Part 3 - Special Deposits	E27
Schedule E - Verification Between Years	SI16
Schedule S - Part 1 - Section 2	30
Schedule S - Part 2	31
Schedule S - Part 3 - Section 2	32
Schedule S - Part 4	33
Schedule S - Part 5	34
Schedule S - Part 6	35
Schedule T - Part 2 - Interstate Compact	37
Schedule T - Premiums and Other Considerations	36
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	39
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	40
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14